

**KENTUCKY BOARD OF LICENSURE AND CERTIFICATION
FOR DIETITIANS AND NUTRITIONISTS**

**P.O. Box 1360
Frankfort, KY 40602**

RENEWAL APPLICATION

License # _____

Your license as a dietitian/nutritionist **expires annually on October 31**. In accordance with KRS Chapter 310 and regulations governing this profession, you are required to renew your credential(s) every year with the transmittal of this form and the appropriate renewal fee as noted below, in check or money order (**DO NOT SEND CASH**) made payable to the **Kentucky State Treasurer**.

In accordance with 201 KAR 33:010, a licensee who holds an inactive license shall pay fifteen (15) dollars annually to establish or retain inactive status. A licensee who retires a license shall not be required to pay an annual fee for licensure.

Please return completed form with fee to the address above prior to the deadline date of **October 31 of the current licensure year**. Renewal may be completed on-line at <http://bdn.ky.gov> using a credit card. The late fee for renewals received during the **60 day grace period (postmarked after October 31)** is \$25.00. The credential holder may continue to work during this grace period. **After December 31, the license/certification is terminated and the Reinstatement Form shall then be completed.**

Please check one:

Renewal Fee

	<u>By October 31</u>	<u>After October 31</u>
Dietitian or Dual Licensure/Certification (RDN, LD, CN) or (RD, LD, CN) or (RD, LD)	\$50.00 _____	\$75.00 _____
Certified Nutritionist Only (<u>CN</u>):	\$50.00 _____	\$75.00 _____
Inactive:	\$15.00 _____	

THE FOLLOWING INFORMATION SHALL BE COMPLETED:

1. Mailing address:

Name: _____

Address: _____

2. Present Business Name/Address:

3. Home Phone: () _____ Business Phone: () _____

4. E-Mail Address: _____

5. Are you a member of the military? N/A _____ Active _____ Reserve _____ National Guard _____

6. Have you been convicted of a felony since your last application or renewal? () Yes () No
If yes, list offense and provide details on a separate sheet of paper.

7. Have you been denied licensure and/or certification in another state, or has your credential in any other state been subject to disciplinary action? () Yes () No If yes, give details on separate sheet of paper.

8. Pursuant to 201 KAR 33:030 Section 1, dietitians/nutritionists are required to obtain fifteen (15) hours of board approved continuing education during the period of **November 1 to October 31 of current licensure year** for renewal of licensure or certification. In addition, up to fifteen (15) excess hours of continuing education can be carried over from the previous year. An initial licensee or certificate holder shall be exempt from the continuing education requirements for the first license or certification renewal.

FOR AUDITED RENEWALS ONLY:

Fifteen (15) continuing education hours are required for the period from November 1 to October 31 of the current licensure year.

An initial licensee or certificate holder shall be exempt from the continuing education requirements for the first license or certification renewal.

Licensed Dietitians and/or Dual Licensure/Certification shall submit a copy of a current CDR card as proof of CEUs.

Certified Nutritionists shall submit below as appropriate to document CEUs:

1. Summary list of continuing education using the Continuing Education Submission Form for Certified Nutritionists;
2. Certificates of attendance for Board approved continuing education (check certificate to determine that prior approval is noted); or
Agendas and certificates of attendance for continuing education without Board Approval;
and
3. Continuing Education Submission Form for Certified Nutritionists as appropriate:
Documentation for greater than 15 hours shall be submitted for consideration of carryover CEUs.

REMINDER: The subject matter of the continuing education submitted for renewal of a Kentucky license or certificate shall meet the requirements of 201 KAR 33:030, Section 2(2). A copy of this regulation is available at <http://bdn.ky.gov>.

I DO HEREBY CERTIFY OR AFFIRM THAT I, THE UNDERSIGNED CREDENTIAL HOLDER, HAVE RECEIVED THE REQUIRED FIFTEEN (15) HOURS OF CONTINUING EDUCATION AS SET FORTH BY 201 KAR 33:030 DURING THE PREVIOUS TWELVE (12) MONTH PERIOD.

Signature: (*Required*) _____
(Sign your name - Do not print or type)

Date: _____

CERTIFICATION

I do hereby certify under penalty of law that the information contained herein is true, correct, and complete to the best of my knowledge and belief. I am aware that, should investigation at any time disclose any such misrepresentation or falsification, my licensure or certification could be subject to disciplinary action by the Kentucky Board of Licensure and Certification for Dietitians and Nutritionists.

Signature: (*Required*) _____
(Sign your name - Do not print or type)

Date: _____